

United States
Department of
Agriculture

Animal and Plant
Health Inspection
Service

Veterinary Services

National Veterinary
Services
Laboratories

Diagnostic
Bacteriology
Laboratory

Brucella &
Mycobacterium
Reagents Team

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Instruction sheet for submitting tuberculin requests to the National Veterinary Services Laboratories

1. Two forms are required for all tuberculin requests. The VS Form 4-9 (Reagent Request Form) and the Supplemental Tuberculin Product Reagent Request Form
2. The VS Form 4-9 is to be submitted to the NVSL User Fees group according to the information contained on the second page accompanying the form. This is utilized for entering order and submitter information into the LIMS ordering system. The website to obtain this form and submission requirements may be found at: <http://www.aphis.usda.gov>
Once there, click on **Animal Health** then **Laboratory Information Services** and finally, **Reagents and Proficiency Tests**.
3. The Supplemental Tuberculin Product Reagent Request Form is utilized by the Brucella and Mycobacterium Reagents Team/Hemoparasite Reagent Unit for review of associated information provided on the form and manage inventory stocks at the NVSL. This form can be included with the submission of the VS Form 4-9 to the User Fees group.
4. When completing the Supplemental Tuberculin Product Reagent Request Form please consider the following:
 - a. The average herd size tested and the number of animals that can be tested per bottle of product. A table at the top right of the form can assist for evaluating this information. Three fill volumes are available to best accommodate testing needs.
 - b. If information is available as to planned testing, please provide that information and the date of the planned testing.
 - c. If information on upcoming testing is not available, please provide the Past Use History regarding the number of bottles of tuberculin utilized for the past two to three months.
 - d. The bottom table is to be completed to provide the NVSL with information regarding your current inventory at your facility.
 - e. If sending orders directly from a private practitioner, please provide your NAN number.
5. Please only order enough tuberculin for an estimated 3 month supply. If a specific fill volume requested is not available the NVSL may substitute with another fill volume.
6. For **private practitioner orders, please include your NAN number** with the order information.

For any questions or assistance, please contact Teresa M. Sigafoose-Grimm at
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The NVSL's expectations are to meet the testing needs of the USDA TB eradication program while ensuring judicious distribution of product.